STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155287	A. BUILDING _____ B. WING _____	C 07/30/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENSSELAER CARE CENTER	**1309 E GRACE ST RENSSELAER, IN 47978**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		

This visit was for the Investigation of Complaints IN00152272, IN00152319, and IN00152462.

Complaint IN00152272-Substantiated. No deficiencies related to the allegations are cited.

Complaint IN00152319-Substantiated. No deficiencies related to the allegations are cited.

Complaint IN00152462-Unsubstanitated due to lack of evidence.

Survey dates: July 29 and 30, 2014

Facility number: 000185
Provider number: 155287
AIM number: 100290840

Survey team:
Regina Sanders, RN, TC
Janet Adams, RN (July 30, 2014)

Census bed type:
SNF/NF: 92
Total: 92

Census Payor type:
Medicare: 17
Medicaid: 58
Other: 17
Total: 92

Sample: 9

Rensselaer Care Center was found to be in compliance with 42 CFR Part 483, Subpart B IAC 16.2 in regard to the Investigation of Complaints

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155287	A. BUILDING _____ B. WING _____	C 07/30/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENSSELAER CARE CENTER	**1309 E GRACE ST RENSSELAER, IN 47978**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	Continued From page 1 IN00152272, IN00152319, and IN00152462. Quality Review 07/31/14 by Lisa McColly	F 000		